

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	AM	64861	1/10/
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	AM	64861-08231	2/3/00
RESPONSE FORMALITY REVIEW			

## INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 — (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      0 ..... Objected

Claim	Final	Original	Date
1	✓	✓	1/10/00
2			6/30/01
3	✓	✓	6/30/01
4	✓	✓	6/30/01
5	✓	N	N
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29	✓	✓	
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If more than 150 claims or 10 actions  
staple additional sheet here

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